THE UNITED STATES PATENT AND TRADEMARK OFFICE

1505

In re application of: Shaffer et al.

Attorney Docket No.: CISCP141/1947

5-20-03

Application No.: 09/527,085

Examiner: Dinh, Khanh Q.

Filed: March 16, 2000

Group: 2155

Title: METHODS AND APPARATUS FOR REDIRECTING NETWORK TRAFFIC

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail to: Assistant Commissioner for Patents, Washington, DC 20231 on May 13, 208

Signed:

Mia Mitchell-Hayles

RESPONSE

RECEIVED

MAY 2 0 2003

Technology Center 2100

Dear Sir:

P.O. Box 1450

Commissioner for Patents

Alexandria, VA 22313-1450

Mail Stop Non-Fee Amendment

This communication is submitted in response to the Office Action dated May 2, 2003.



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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on May 13, 2003 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

Signed:

Mia Mileboll-Haynes

RESPONSE TRANSMITTAL

Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

RECEIVED

MAY 2 0 2003

Sir:

Technology Center 2100

Transmitted herewith is a Response in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	27	MINUS	27	0	x 9 =	x 18 = 0
Independent Claims	10	MINUS	10	0	x 42 =	x 84 = 0
Multiple Dependent Claim Present and Fee Not Previously Paid					\$140.00	\$280.00
				Total	\$	\$0

Applicant(s) hereby petition for a ____ month extension(s) of time to respond to the aforementioned Office Action.

Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.

Enclosed is our Check No. ____ in the amount of \$____ to cover the additional claim fee and/or extension of time fees.

Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. CISCP141).

Respectfully submitted,

BEYER WEAVER & THOMAS, LLP

Joseph M. Villeneuve Reg. No. 37,460

P.O. Box 778 Berkeley, CA 94704-0778